



Job Description and Performance Standards for Hearing Screening Program Supervisors at Louisiana Birthing Facilities

Summer 2014

****Hearing Screening Program Supervisor Qualifications:***

- 1) *board eligible or board certified physicians with special training in auditory brainstem response testing and/or otoacoustic emissions and in infant hearing testing. Evidence of training must be submitted to the Office of Public Health; or*
- 2) *audiologists licensed by the Louisiana Board of Examiners for Speech Pathology and Audiology with special training in auditory brainstem response testing and/or otoacoustic emissions testing and in infant hearing testing. Evidence of training must be submitted to the Office of Public Health.*

****According to: Rules and Regulations: Chapter 22. Identification of Hearing Impairment in Infants, Sec. 2201-2213:***

Education, Training, and Assessing

- a. Education
 - i. Educate medical and clinical staff on the benefits of EHDIP.
- b. Training
 - i. Identify the roles, responsibilities, assigned tasks, and scope of practice of the screeners.
 - ii. Provide for appropriate training of all screening personnel according to established facility procedures and LA EHDIP guidelines. Training should be hands-on and competency based through formal instruction and supervised practice.
 - iii. Exceed basic instruction in the operation of the screening equipment and should address all aspects of screening responsibilities; to include:
 1. Basic anatomy and physiology of the ear and nature of responses being measured
 2. Patient and non-patient factors that influence responses
 3. Understanding and completing screening procedures, including documentation of screening
 4. Understanding and use of specific equipment including screening instruments and computers
 5. Verify facility Patient Bill of Rights
 6. Verify facility confidentiality requirements
 7. Verify facility safety and infection control procedures, including universal precautions for blood-borne pathogens and tuberculosis according to guidelines of the Occupational Safety and Health Association (OSHA)

- 8. Verify facility and nursery emergency procedures
- 9. Verify facility risk management and incident reporting procedures
- iv. Educate staff on proper and effective communication skills to provide accurate and appropriate information to parents, to ensure parents receive and understand the hearing screening results, the importance of follow up testing, and the appropriate follow-up and resource information.
- c. Assessing
 - i. Supervision of personnel providing screening, to include: ongoing monitoring of competencies and continuing education activities.
 - ii. Individual observation/assessment of screening personnel to determine competency is outlined in: ***Rules and Regulations: Chapter 22. Identification of Hearing Impairment in Infants, Sec. 2201-2213 and reads:***

“A board-certified or board-eligible physician or licensed audiologist who is supervising another individual performing hearing screening must at least be accessible by telephone while the screenings are being performed, review a percentage of the screening documentation and copies of the newborn hearing screening report and perform periodic direct observation of each individual at least once per month as they perform hearing screenings. After an individual supervised by an audiologist or physician has performed hearing screening under the above supervision for one year, direct observation every three months is required.”

Examples of direct observations that qualify to meeting this requirement: Review of NHSR form, competency training, screening competency checks, nursery staff meetings to discuss screenings and procedures, etc.
 - iii. Note: To minimize liability it is recommended that the standard for special training be by an accredited medical or educational institution and include sufficient practicum for proficiency. Any deviation from this recommended standard may increase liability.
 - iv. An annual documentation of competency assessments is required for all newborn hearing screening staff.

Screening Process

- a. Be readily accessible to all staff involved with newborn screening.
- b. Be available by telephone while screening is taking place.
- c. Assure that all infants are screened prior to discharge.
- d. Ensure that referral is made for outpatient screening prior to one month of age when infant is discharged prior to screening.
- e. Ensure that appropriate testing is being performed in a quiet environment as well as the desired condition or state of the newborn during testing.
- f. Ensure that nursery personnel schedule a follow-up appointment date for a re-screening for refer infants or a screening for the infant not screened prior to discharge.
- g. Ensure that follow up appointment information is recorded on the Newborn Hearing Screening Report (NHSR) form.

Data Management

- a. Work with LA EHDI and facility staff to assure accuracy of records; validate all data and ensure correction of inappropriate or erroneous data.
- b. Oversee data management and transfer of data as required; i.e., coordinate data between program supervisor, birth certificate clerk, nursery supervisor, and LA EHDI liaison.
- c. Review data to monitor the performance of the screening program including referral rates and competency of screening personnel.
- d. Review copies of the NHSR form each month to ensure accuracy of reporting.
- e. Perform an infant-by-infant reconciliation every month to assure all nursery admissions are included in the LA EHDI database.
- f. Provide for security and privacy of individual patient data.
- g. Provide information regarding the Newborn Hearing Screening Program to hospital administration, physicians, parents, etc.

Record Keeping/Documentation

- a. Record all infant births, transfers in, transfers out, expires and refers.
- b. Capture/record newborn hearing screening and rescreening results from designated equipment
- c. Record information on babies not screened and the reason not screened. If reason is from a parent refusal, note under reasons not screened.
- d. Ensure that parents sign all NHSR forms documenting their knowledge of results or refusal of hearing screening and ensure parents receive parent copy of NHSR form.
- e. Record scheduled appointments for screening or follow-up services on the NHSR form.
- f. Document the screening results on the NHSR form and in the infant's medical record, according to facility policy. Documentation should include:
 - Screener's name
 - Screening date(s)
 - Type of equipment used
 - Ear specific results
 - Contact information of the diagnostic audiology facility that the infant was referred to
 - Audiology appointment date/time if known

Reporting

- a. Ensure hearing tab in LEERS is completed accurately for all live births.
- b. Ensure reporting in LEERS when infant transfers to another facility and document their new location and Not Screened on the NHSR form.
- c. Ensure reporting of all expires in LEERS via the Not Screened portion of NHSR.

- d. Ensure printed copy of NHSR form is sent to LA EHDI for all infants transferred into your birthing facility. Facilities accepting transfers in do not have access to those birth records via LEERS.
- e. Verify all infants failing the initial screen (refers) with LA EHDI Liaison.
- f. Notify the child's primary healthcare provider of the hearing screening results (pass, did not pass, refused, or missed), via the PCP copy of the NHSR form.

Testing of Equipment

- a. Select and secure appropriate hearing screening equipment based on current equipment availability and performance information.
- b. Ensure a proper plan in the event of equipment failure or repair.
- c. Budget for necessary equipment and supplies.
- d. Manage equipment including determining type of technology and maintenance.
- e. Provide for care and accurate operation of equipment, and ordering of appropriate supplies necessary for accurate screening.
- f. Identify the name, model or type of hearing screening equipment used by the facility including the manufacturer's name, address and telephone number.
- g. Monitor that hearing-screening equipment is calibrated annually according to manufacturer recommendations.
- h. Ensure the proper use, care, replacement of parts, maintenance, and routine function checks, trouble-shooting, and servicing of the screening equipment used in performing the assigned tasks.

Communication

- a. Communicate newborn hearing screening program goals and accomplishments with facility administration and staff.
- b. Communicate with audiologists and PCP to assure appropriate outpatient referrals for re-screening.
- c. Ensure communication with families is accurate and written information is at an appropriate reading level.
- d. Ensure results are provided to parents in their native language.

Policies and Procedures

- a. Write and implement a facility policy for the newborn hearing screening program in consultation with the facility's medical director, consulting audiologist, nursery or NICU Nurse Manager, and others.
- b. Provide LA EHDI with an electronic copy of policies and procedures.
- c. Ensure that proper procedures and protocols are in place.
- d. Include a mechanism to identify the name, city, and telephone number of the newborn's pediatric healthcare care provider who will follow the infant after discharge.

- e. Document all job descriptions, qualifications, and roles and responsibilities for each newborn hearing screening position (e.g. audiologist, nurse, patient care assistant, rehabilitation aide, patient care technician, etc.), as well as orientation, minimum length of training, level of supervision and continuing education plans. Specific guidelines for periodic supervised performance appraisals should be included.
- f. Identify safety measures and infection control practices.
- g. Describe the method used to document and track all births, including the method, date, time and ear specific results of all hearing screens conducted.
- h. Describe the method of communication to notify the infant's family and pediatric healthcare provider of all hearing screening results.
- i. Describe the screening method. Otoacoustic emissions (OAE) or auditory brainstem response (ABR) are acceptable methods for screening infants who are not at risk.
 - ▶ As per recommendation by Joint Committee on Infant Hearing (JCIH), **ABR should be the screening method for any infant with a greater than 5 day stay in the NICU so that neural hearing loss will not be missed.**
- j. Describe the mechanism to document all infants referred for further re-screening, including the name, address and telephone number of the audiologist to whom the infant was referred.

Additional Responsibilities

- a. Assess the performance of the program on a regular basis.
- b. Monitor schedules to ensure 365 days of total coverage.
- c. Create or gather culturally sensitive educational materials

Quality Assurance and Benchmarks

To ensure a quality program it is also recommended that the Hearing Screening Program Supervisor establish **benchmarks** and **quality indicators** to ensure program efficacy. These should be evaluated frequently and should be consistent with existing data such as those referenced by the current Joint Committee on Infant Hearing Position Statement and/or Centers for Disease Control and Prevention.

- 1. Percentage of all newborn infants who complete screening by 1 month of age; **Benchmark is more than 98%**; (age correction for pre-term infants is acceptable)
- 2. Percentage of all newborn infants who do not pass initial screening and fail any subsequent rescreening before comprehensive audiological evaluation; **Benchmark is <4%**
- 3. Of infants who do not pass the initial screening and any subsequent rescreening, the percentage who complete a comprehensive audiological evaluation by 3 months of age; **Benchmark is 90%**